

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/067660	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51			1		
2							52			1		
3							53			1		
4							54			1		
5							55			1		
6							56			1		
7							57			1		
8							58			1		
9							59			1		
10							60			1		
11							61			1		
12							62			1		
13							63			1		
14							64			1		
15							65			1		
16							66			1		
17							67			1		
18							68			1		
19							69			1		
20							70			1		
21							71			1		
22							72			1		
23							73			1		
24							74			1		
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36		1	*				86					
37			1				87					
38			1				88					
39		1					89					
40			1				90					
41				1			91					
42			1				92					
43				1			93					
44				1			94					
45				1			95					
46				1			96					
47				1			97					
48			1				98					
49			1				99					
50			1				100					
TOTAL IND.							TOTAL IND.			8		
TOTAL DEP.							TOTAL DEP.			31		
TOTAL CLAIMS							TOTAL CLAIMS			39		